INSPECTOR COPY

APPLICATION FOR BUILDING PERMIT

BUILDING AND SAFETY

COUNTY OF LOS ANGELES

FOR APPLICANT TO FILL IN SMALL AND A SMALL	ADDRESS 10831 5. ST ANDREWS
BUILDING 1083 SSTAN DEWS PL	MOCALITY HOWARD
CITY LA	NEAREST 109 37
SIZE OF LOT SIZE O	ASSESSOR 678 PAGE 15 PARCEL 21
TRACT/3793 BLOCK LOT NO. 64	DISTRICT GROUP TYPE CONST. FIRE PROCESSED BY
OWNER JANES HENDERSONNO.	1 123 I 3 MM/N
ADDRESS 108313.STI ANDREWS PL	STATISTICAL CLASSIFICATION CLASS NO. 21 DWELL UNITS BK PG
CITY LA, ZIP	STACE OF THE STATE
ARCHITECT OR L BANKHEAD NO.7346408	VALUATION \$/6,000
ADDRESS 4827 WI ADAMS BLLD	BLDG. SETBACK FROM FRONT PROP. LINE OF ST KNOREWS (STREET
CONTRACTOR OWNER NO.	HIGHWAY + VARD + TOTAL SETBACK FROM TYPE OF EXISTING
ADDRESS 168 31. S. ST-ANDREWISHO, BLM.	PRONT PROP. LINE HIGHWAY WIDTH
CITY LA LIC. CLASS	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
CONSTRUCTION LENDER NAME AND BRANCH	SIDE PROP. LINE OF (STREET)
ADDRESS CITY	SIDE PROP. LINE HIGHWAY WIDTH
SQ. F474 NO. OF NO. OF CHECK ONE	0 + 10 = 10 LOC 60
DESCRIPTION OF WORK ADD, BIZ BATH NEW	P.C. Fee \$ Permit Fee /0 Z,00
INLARGE S. DORCH + ADD [Issuance Fee 7.00
RPOON.	Total Fee 109.00
USE OF EXISTING BLDG. 17 PAN - DWELLING DEMOL D	
APPLICANT (PRINT) X JAMES HENDERS NO. 1EL 77-72047	N
() a Wall 10/2	9 2 4368A
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE S CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES	# • • • • • 1
THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY! WILL NOT EMPLOY ANY PERSON IN VIOLATION OF	₩ 1 • 1 0 9 0 0
THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COM- PENSATION INSURANCE	• • 1 0 % 0 0 H
SIGNATURE OF K ON A ON A 16/0 . LO . CO	리 0618년79
PERMITTEE TOWN WE SEE THE PERMITTEE	
CITY LOS ANGELES CA 9847 NO.	ATION
USE ZONE MAP 4/39	PERMIT VALID
SPECIAL CONDITIONS	TIM
FINAL DATE BY	
1-1/0 / 1 W W W W	

		<u>-</u>										
		PLANS T	O APPL	ICANT			INSPECTOR'S NOTES					
TO:				RÉTURN	ED		WORKER'S COMPENSATION CERTIFICATION					
NO	DATE		NO.	. D	ATE	APPROVED	a series that I will be responsible for the work to be done under this					
							servity true t was an easing the service of the work for which this permit is issued i shall not imploy any person in any manner so as to become subject to the Worker's Cempensation laws of California.					
	<u></u>				t with		I further certify that if during the course of construction under the					
					10 mg (10 mg)		will file the required certificate of insurance and resize that required certificate of insurance and resize that received all					
	APPROVALS		REQUIRED DATE RECEIVED				to do se with necessitary supportant of this settificate and have read and felly understand them.					
	ATTROVALS		YES NO OR APPROVI			APPROVED	J. On a Wille - land					
W	ATER CERTIFICATE						Signature Title					
HE	ALTH DEPARTMENT	_	\$ 5.				Date					
FII	RE DEPARTMENT											
GI	RADING				W							
GE	OLOGICAL			 		: '						
	DESTRIAN PROTECTIC	NO.										
SP (C)	ECIAL INSPECTION ONC.) (MASNRY.) (V	WELDG.)	,									
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PA	RKING											
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	APPROVALS	. D,	ATE	11/	NSPECTOR	S SIGNATURE						
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FO	UNDATIONS .	10. K		1	The	<i>y</i>	PROGRESS INSPECTION (1-77-81					
FR	AME 009	AMI	19		Ma C	Cati	a Olda ha F					
LA.	TH/DRYWALL INTERIOR O O	6041	170	1/	The same		G Miles 1					
	TH-EXTERIOR (- B	8-33-	79	1/7	11/2/1	11						
HO	USE NUMBER- RRECT & POSTED		/	1-7	40700							
		8-1-6	19	1	Seel.	arth						
	AL- TER ON FRONT				, - p.c.	,						
							1					

INSPECTOR COPY

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT	TO FILL IN	ADDRESS / 1831 So. St and rows				
New Residential Bldgs. & Pools	EACH	NO.	FEI		ADDRESS / C) X J J	
1 & 2-Family, Sq. Ft.	.025	100	\$	+-	NEAREST /2 CV	
Multi-family Sq. Ft. Residential Swimming Pools	25.00	+=-		1	CROSSIST.	AL
			-		OWNER OR FIRM NAME	Han Jeran
Outlets: Rec 9 Light 5 Sw. 6		20	10		ΜΔΙΙ	1 187 4 LUNG
First 20	.50	10	10	-	ADDRESS	11 1 - 1 2 24 4 1
Total No. 🗷 () Additional	.30	-			CITY Faxingthe	Wal Tel. No.734-6408
		-		7	PLAN CHECK APPLICANT	1
Lighting Fixtures First 20	.50	7	7	720	ADDRESS	
Total No. 5 Additional	.30			*	CITY	lel. No.
Fixed Appliances Not Over 1 HP					PERMIT	J lei. jvb.
Range Heater D.W					APPLICANT ()	
Oven Dryer W.M		. 20			ADDRESS	
TopFAU W.H	1.0				CITY	Tel. No.
Hood Fan Other Disp Room Air Cond	2.50	-		1	LICENSE OR	
				1	REG. NUMBER	Class. SE THAT I HAVE READ THIS APPLICA
Power Apparatus & Large Appliances				1.	ITION AND STATE THAT THE A	ABOVE IS CORRECT AND AGREE TO
Size & Type HP, KW, KVA, or KVAR	2.50			1.50	REGULATING ELECTRICAL WIRIN	ORDINANCES AND STATE LAW
Up to 1 Incl Over 1 to 10 Incl.	5.00				I HEREBY CERTIFY THAT I	AM PROPERLY REGISTERED AND/O
Over 10 to 50 Incl.	12.50				CALIFORNIA OR THAT I AM T	S ANGELES COUNTY AND STATE O HE LEGAL OWNER OF THE ABOV
Over 50 to 100 Inc.	25.00				DESCRIBED RESIDENTIAL PROPE	RTY.
Over 100	40.00				PERMITEE SIGNATURE	Hinderson.
Services						
0 - 200 Amp. Under 600 V	12.50			}	DISTRICT NO.	PROCESSED BY
201-1000 Amp. Under 600 V	25.00					free
Over 1000 Amp. or Over 600 V	50.00				Z	1
Temp. Power Pole & Appurtenances	10.00				DATION	
Sign with One Branch Circuit	10.00				2	
Additional Sign Branch Circuits	2.00 .		<u> </u>		INSPECTION	
Misc. Conduits & Conductors	1,0.00		 		INSPECTION SINFORMATION ON REVERSE	≢ 5050A
Other (See Complete Fee Schedule)	.0.00				ON REVERSE 불	≥ 30a0A
					SIDE	#••••2
			<u> </u>		\$	1 • • 1 9.50
PERMIT FEE	(Sub-Tot	al)			<u>.</u>	•••1950≓
PLAN CHECKING FEE (One-Four	th Permit Fe	e)			<u>Z</u> <u>O</u>	07.23+79
PERMIT ISSUING FEE	\$7.		7)ATI	
TOTAL FEE		, L	10	<0	ALIC	
		+	1-7.6			
NSPECTION FINALED (10	1	14.00	200	IR.	
date:		M			티	
The state of the s	M mon	150	2 AS			

MURKER'S COMPENSATION CERTIFICATION

I certify that I will be responsible for the work to be done under this neumble that the work for which this permits a saw of the work for which this permits a saw of the work for which this permits a saw person in any manner so as to become a saw of the worker of compensation laws or California.

I buther certify that it during the course of construction under this penals (should become subject to Workel's Compensation requirements, will the the required certificete of insurance and realize that failure to do so will necessarate exepaneten of the penals i have received an applicable of the limits and conditions of this certificate and have read so at fully understand them.

Sensition of Consideration of Service of Ser

NOTES

APPROVALS DATE INSPECTOR'S SIGNATURE

TEMP. POWER POLE

UNDERSLAB WORK

ROUGH CONDUIT

WIRING

FIXTURES

POWER AUTHORIZED

UTILITY CO. NOTIFIED

FINAL

Enter on Front

#5050A

1 . . 1950

07.23-79

· · 1950#

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

	FOR APPLICANT TO FILL IN (PRINT OR	TYPE)			BUILDING / 5 3	19.0	10000	
NUMBER	FIXTURE OR ITEM	@	FE	E	ADDRESS / O & 3	<u>(,(X) ,X9</u> i	the belief K	
	WATER CLOSET				NEAREST 196			
	BATH TUB			1	CROSS ST.	K.A		
	SHOWER		3	-	OWNER James	z F	Dun	
	LAVATORY		3	-	MAIL ADDRESS OS 5	318	Hri Dan 10	
	SINK		6		CITY / 12 6	21:1	TEL. NO. 7,346408	
	DISHWASHER 25		1		CONTRACTOR	Mary		
	CLOTHES WASHER				ADDRESS	121725C		
	SWIMMING POOL RECEPTOR 1999 1999 1999	t in the			Control	TEL NO		
	LAWN SPRINKLER SYSTEM				STATE	 	TEL. NO.	
100	WATER HEATER	7	3		LICENSE NO.		CLASS	
	GAS SYSTEM OUTLETS				APPROVALS	DATE	INSPECTOR'S SIGNATURE	
	OUTLETS OVER 5 PER SYSTEM				UNDER SLAB WORK	6770	My Janley	
7	5 PER SYSTEM		1		ROUGH PLUMBING			}
					GAS PIPING			į
				1 11 11	GAS VENT	100	1811	
					HOT WATER HEATER	11/4/	OX CHANGE	./9
				 	PLUMBING FIXTURES	Alex	A. Willander	
DI II-					GAS TEST	1//4/0	Marie	
Plan che			47	<u> </u>	UTILITY CO. NOTIFIED	1///		3
	PLUMBING PERMIT ISSUING FEE \$		15		CINIA!	11.,, ,	1 1/1/10 10 1	
	TOTAL FEE		22	-	FINAL	111911		
Plan check	k applicant				PLAN CHECK VALID	ATION ((
Name	Flynes Ilen lex	7		٠.				
Address	11831 SO AND DE	10	VI		en de la companya de La companya de la co		24447A	
City 1.19 (A) 15 Tel. No. 77-7294					7		#••••5	
HEREBY ACKNOWLEGGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES							1 • • 2200	
	LAWS REGULATING PLUMBING. REBY CERTIFY THAT I AM PROPERLY REGISTERE	D AND	OR LICEN	PERMIT VALIDATIO	N .	· • • 2200 		
REQUIRED	BY LOS ANGELES COUNTY AND STATE OF CALIF NER OF, AND INTEND TO RESIDE IN THE ABOVE	ORNIA C	OR THAT I	4.5				
PROPERTY.		//	שבט תבפוט	* + .		0621-79		
SIGNATU	PREXE TO THE SERVE	ll	p-					
l	DISTRICT NO. PR	OCESS	ED BY.					
INDUSTRIAL		The	<u> </u>		1			
WASTE APPR								

WORKER'S COMPENSATION CERTIFICATION

certify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued i shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

I further certify that if during the course of construction under this permit I should become subject to Worker's Compensation requirements. permit I should become subject to Worker's Compensation requirements, i will file the required certificate of insurance and realize that failure will like the required communities or insurance and resince uses several to do so will necessitate suspension of the permit. I have received as to up so will necessitate suspension of the permit, I have received an explanation of the limits and conditions of this certificate and have read

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